

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER SEARCH/EXAMIN.		AFTER SEARCH/EXAMIN.	
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TOTAL 610.	3					
TOTAL 620.	42					
TOTAL	45	12/15/81	12/15/81	12/15/81	12/15/81	12/15/81

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